



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

RECREATIONAL CAMP LICENSE APPLICATION
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

☐ New ☐ Renewal TODAY'S DATE: _____

Name of Camp: _____

Address: _____

Telephone Number: _____ Fax Number: _____ Federal Tax ID #: _____

Email Address (**REQUIRED**): _____

Mailing Address (If Different): _____

Owner/Corporation Name: _____ Telephone No.: _____

Address of Owner/Corporation: _____

Name of Camp Director: _____

Contact Person: _____ Daytime Telephone Number: _____

Opening Date: ____/____/____ Closing Date: ____/____/____ Days and Hours of Operation: _____

Total Number of Children Enrolled: _____ Maximum Number of Children at Any One Time: _____

List of Camp Activities (attach a program, if necessary): _____

Will Campers Attend a Swimming Pool? ☐ Yes ☐ No If Yes, List Location, Days, and Times:

Two page Application – Be sure to complete both sides.

I hereby certify that the above information is accurate and complete:

Signature of Applicant: _____

Printed Name and Title of Applicant: _____

Payment Method

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: \$ _____

Credit card payments fax to: 240-777-3088

Credit Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt No: _____ Amount Paid: _____ Date Issued: _____

Check No: _____ Expires: _____ Staff Initials: _____

Recreational Camp License Application
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Water Supply: Public ☐ On-Site/Well ☐

Sewage: Public ☐ On-Site/Septic System ☐

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6300)

Workers' Compensation Insurance Company Name: _____ **Policy/Binder No.:** _____

Check here ☐ if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Telephone Number: _____ (**NOT** the facility telephone number) Fax Number: _____

Email: _____

Montgomery County Department of Health and Human Services must be notified when the emergency contact information changes.

All new applicants (including change of location) must submit a copy of the Use and Occupancy Permit from the Department of Permitting Services (240-777-6300) and a Certificate of Approval from the Fire Marshal (www.montgomerycountymd.gov/firemarshal).